

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000127773

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** GLOBAL DISABILITIES NETWORK, LLC.

**Current Principal Place of Business:**

309 MADEIRA CIRCLE  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

**Current Mailing Address:**

309 MADEIRA CIRCLE  
TIERRA VERDE, FL 33715

**New Mailing Address:**

**FEI Number:** 26-1645478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHINITZKY, HAROLD E  
309 MADEIRA CIRCLE  
TIERRA VERDE, FL 33715 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WHEELER, JOHN M  
**Address:** 309 MADEIRA CIRCLE  
**City-St-Zip:** TIERRA VERDE, FL 33715

**Title:** MGR  
**Name:** WHEELER, RACHEL S  
**Address:** 309 MADEIRA CIRCLE  
**City-St-Zip:** TIERRA VERDE, FL 33715

**Title:** MGR  
**Name:** SHINITZKY, HAROLD E  
**Address:** 309 MADEIRA CIRCLE  
**City-St-Zip:** TIERRA VERDE, FL 33715

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** HAROLD E. SHINITZKY

MGR

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date